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ABSTRACT

Nursing textbooks which address the subject of medical documentation tend to equate good documentation of a patient's behavior and state with strong interpersonal skills on the part of the nurse. Rarely do they point out the importance of developing a deep concentrated attention to the sensory world around oneself in order to be a good medical documentor. The observation skills so often emphasized in learning to become a good fiction writer can and should be applied to the training of nurses in medical documentation. The nurse must develop what Flannery O'Connor calls "staring," or the habit of seeing deeply. Observational skills, untainted by predispositions of motivation, personality traits, or emotional states, are critical to a good medical documentor. To learn good observational skills, documentors must overcome the problem of selective attention, which always forces observers to ignore some sensory information. In addition, medical documentors must resist the pull of the four main natural attractors of a stimulus, that is, its size, intensity, contrast, and movement, any one of which may cause a particular sensation to receive attention at the expense of competing stimuli that may actually need it more. In attempting to define the particular habit of mind which a medical documentor should develop, students must avoid the pitfalls of the methods which the brain uses to maintain constancy, such as context (physical, social, or cultural), personal physical characteristics, and attribution. Ultimately, nursing students could benefit from observational skills disciplined by self-awareness, a carefully analytical second look, a distrust of assumptions, and diligent defense against hasty conclusions. The more allied health professionals learn about the perceptual process, the more critically discerning their habit of observation will be. (JMC)

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# Medical Documentation:
# An English Composition Professor's Perspective

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# Medical Documentation:
## An English Composition Professor's Perspective

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Flannery O'Connor taught this composition professor not to be ashamed of staring. O'Connor's advice to the writer to stare, to acquire "the habit of seeing deeply" ("Writing Short Stories 101), proved useful when the writing teacher became, also, a practical nursing communication skills professor teaching medical documentation. Connecting a few of Flannery O'Connor's key fiction writing ideas with medical documentation, the new allied health teacher discovered that analyzing the pitfalls of the human perceptual process as they applied to such nursing skills as charting the patient's daily progress provides a good beginning for improving medical documentation and, perhaps, related critical thinking skills.

At the start, the new nursing instructor found that current nursing literature reflects as longstanding medical documentation problems some of the same deficiencies about which O'Connor

warned the beginning writer, particularly such things as inadequate concrete detail. O'Connor spoke from experience when she warned her audience in her essay "Writing Short Stories" that a fiction writer ". . . can't create compassion with compassion, or emotion with emotion, or thought with thought. He has to provide all these things with a body; he has to create a world with weight and extension"(91). As her correspondence with noted author/teacher Caroline Gordon shows, the Georgia author's appeal for helpful suggestions regarding her first novel Wise Blood had illicited from Gordon guidelines, particularly about illustrative detail (Fitzgerald 827-850), which the final drafts of the novel show O'Connor following carefully. This advice to avoid unsupported generalities turns out to be useful for medical documentors, too.

Nursing literature over the past ten years, at least, laments the problems associated with inadequate specifics in medical documentation. One article, "Make the Most of Your Charting Time," begins with a typically troublesome charting entry: "'Out of bed. Appetite good. Pleasant day.'" Then the article comments: "If such notes are typical on your patients' charts, you probably wonder why you even bother to read them. After all, they tell you so little"(Rich 68). The kind of inadequate detail this 1983 article addresses apparently occurs frequently enough in medical records to warrant Nursing magazine's republishing it in 1987. A similar article which gives detailed instructions for specific charting, "Charting:

How and Why to Document Your Care Daily--and Fully," also appeared in two Nursing issues, 1980 and 1988.

Serious problems result from such "'weak specification,'" a term O'Connor borrowed from Henry James. If O'Connor failed to specify sufficiently, she created a writer's fatal problem of losing her reader: "The [reader's] eye will glide over [the writers'] words while the attention goes to sleep"(O'Connor, "Writing. . .," 92). Similarly, if medical documentors fail to specify they create problems that are equally serious for them. Foremost among these problems is the complaint that adequate-to-excellent medical care goes undocumented in widely varying medical settings from home health care to hospital critical care. One illustrative article calls documentation "One of the Ultimate Challenges in Home Health Care"(Holloway 19); another article relates unspecific documentationto "Negligence in the Hospital Labor Room"(Sklar 1). Two representative articles in the magazine Focus on Critical Health Care explain the need to improve documentation because it is "a vital link to nursing practice"(Suhayda and Kim 58; Gawlinski and Rasmussen 12). Some articles report inadequate charting as a hosptial-wide problem; that was the case at Bay Harbor Hospital, California, which revamped its entire record keeping system so that it would report accurately the previously uncharted excellent care provided there (Gay 32-35).

Currently, poor documentation relates directly to finances as some articles state starkly, such as "Charting for

Dollars"(Hoke 658) and "DRGs: Nursing Documentation Contributes to the Bottom Line"(Hines 596). Such articles explain that undocumented skilled care, no matter how excellent, remains unreimbursed by Medicare and insurance companies. Also, undocumented care creates legal problems, for, as one article title says it, "Documentation: If You Haven't Written It, You Haven't Done It"(Morrissey-Ross 363). Such omissions can lead to malpractice suits; on the other hand, good specific charting can prevent them, as these articles indicate: "Charting: How It Can Keep You OUT of Court"(Mandell 46); "Nursing Notes Make the Difference"(98); "Nurses' Notes Save the Day"(2). Some nursing literature advises the kind of sensory support of which Flannery O'Connor would approve, the kind that would convince a jury. This is the case in two two-part articles, one titled "Charting with a Jury in Mind"(Bergerson, Nursing Life 1982 and Nursing 1988) and another called "Legal Significance of Charting: Parts I and II"(Creighton, Nursing Management Sept. and Oct. 1987). Evidence abounds in nursing literature that inattention to effective detail causes problems for the nurse just as Flannery O'Connor found that it did for the writer.

Thus, right from the beginning, O'Connor aided the new practical nursing professor by helping her identify a major problem area in medical documentation. More than that, an important O'Connor approach to solving her own difficulties with inadequate specification suggested direction for solving the medical documentation problems. One O'Connor solution: STARE.

"The writer should never be ashamed of staring," O'Connor maintains in her essay "The Nature and Aim of Fiction." "There is nothing that doesn't require his attention"(84), she said. The writer must start with the senses. Before he starts to compose, he must inform himself through his sight, his smell, his taste, his touch; he must exercise sensory awareness. "Teaching any kind of writing," O'Connor advises, "is largely a matter of helping the student develop the habit of art, the habit of seeing deeply" ("Writing. . ."101). If medical documentation were viewed as a process, like any writing, then observation, seeing with all the senses, would be the first step.

That is, before a nurse, or any other writer, writes, she must observe. The key to effective specific charting is informed observing. Florence Nightingale would probably have liked that idea. Writing in Notes on Nursing as long ago as 1859 Nightingale asserted as much to would-be nurses: "If you cannot get the habit of observation one way or other, you had better give up being a nurse, for it is not your calling, however kind and anxious you may be"(112). A recent healthcare textbook echoes Nightingale in the 1980's:

> . . .In nursing, accurate description of what we observe is basic to care of the patient. For us, he is the most important person in the physical reality of our professional world. Purposeful observation is necessary to learn what happens to him, what he does, and how he moves and looks.

> Our observations must be based on what is actually occurring--not what we think or feel has occurred as detected through our senses. As the description of observable events becomes more accurate, the care given a patient becomes more precise and better suited to his needs. (Hein 203).

Textbooks like this one recognize that good observation serves as the basis of effective medical documentation, just as O'Connor understood that deep concentrated attention to the sensory world around her informed good fiction writing. But such nursing textbook connections between good observation and effective documentation prove rare.

Instead, most nursing textbooks, when they mention observation at all, usually connect it with interpersonal relations, from brief mentions to Thomas Muldary's book-length study of the process of perception as a social skill in medical settings. The new practical nursing instructor found no thorough textbook study of the connection between poor observation and poor documentation; she found only two recent journal articles that explored the subject. One has a specific focus, "Documentation in Home Care: Skilled Observation"(Monica 39). The second, Hogstel's article "Teaching Students Observational Skills," briefly distinguishes between inspection and the more difficult general observational skills, then offers a more scientific observation system through classroom content, teaching

techniques, and practice in clinical. Only a few such medical professionals investigate the relationship of observing and charting. O'Connor would be disappointed. She would understand that allied health professionals are overlooking a key method of solving their documentation problems.

"Where would O'Connor go from here?" the new allied health instructor wondered. The fiction writer has helped identify an important problem and has suggested a possible solution. What suggestion would she offer to execute that solution? The beginning nursing instructor found an answer in what O'Connor meant by "staring." O'Connor's particular kind of staring was a "habit," what she called "the habit of art, the habit of seeing deeply." By "habit," O'Connor intended "an attitude or quality of mind" ("Nature and Aim" 65). Habit, she might say, would be the way one learns to look at things, a habit of depth perception. The nurse as writer, then, must improve the quality of observational concentration and, through discipline, make that improved skill a life habit.

Now the neophyte nursing instructor, following the Georgia writer's lead, looked for an effective method to develop the "attitude or quality of mind" that would helpfully serve the medical documentor in achieving charting that would convince a jury. Professor M. L. Johnson Abercrombie in a 1960 study suggested the kind of "habit" a medical documentor should develop. In Abercrombie's study entitled <u>The Anatomy of</u>

Judgment: An Investigation into the Process of Perception and Reasoning, the professor writes that he set out in a teaching experiment to improve pre-med students' thinking by making them aware of that which influences the development of judgments. Having such information puts the student, or any person, explains Abercrombie, "in a position to consider alternative judgments and to choose from among many instead of blindly and automaticaly accepting the first that comes; in other words," Abercrombie clarifies, "we may become more receptive, or mentally more flexible"(17). For the new allied health professor, Abercrombie's approach suggested that medical documentors could usefully develop an investigative, skeptical, questioning "attitude or quality of mind" with regard to observation or, to put it another way, a habit of critical observation.

Next, Thomas W. Muldary's book, Interpersonal Relations for Health Professionals: A Social Skills Approach, provides through up-to-date perceptual process research specific means for the medical documentor to examine his observations so that he does not "blindly and automatically" accept what he believes he first observes. Muldary summarizes the three stages of perceptual research and the characteristics associated with each stage. He does not discuss medical documentation in this context, but such a discussion proves quite useful. Becoming aware of the possible observational errors associated with each stage of perception could help the medical documentor ask the right questions and develop his "critical habit." The three

stages of perception include, one, selecting stimuli to notice; two, organizing those stimuli into patterns that make sense; and, three, interpreting the organized stimuli. A common agent influences each of these stages: the observer himself with his individual "perceptual set." Thus, self-awareness constitutes a good beginning point for the medical documentor to develop a critical habit of observing.

Learning that the observer himself influences what he sees would not have surprised O'Connor. She stated numerous times, "[E]verything has its testing point in the eye. . . ," maintaining that the human eye "is an organ that eventually involves the whole personality and as much of the world as can be got into it"("Writing. . ."91). For the new allied health instructor, however, this was new territory. Research indicates that each individual possesses his own "perceptual set" consisting of four personal variables: learning experiences of all kinds, motivations, personality traits, and emotional states. These variables make a person ready, or prepared, or predisposed to notice certain things about any given person or situation. An English teacher does not view a road scar through the Smokey Mountains the same way as would a civil engineer or a geologist. Each comes with his own "perceptual set." Physical senses may observe, but the senses do not control what a person selects to see or the way the observer interprets it.

O'Connor would probably have been intrigued to learn, for

instance, that people may observe not what is before them but what they EXPECT to see, the result of prior learning or familiar experience (Muldary 12). Certainly, the new allied health instructor found it useful for the medical documentor. A health care professional runs great risk of being lulled into inattentiveness by familiar environments, situations, etc., such as the nurse who admitted charting that a patient's IV was in place and working only to discover from a previous chart entry that the IV had been removed the day before. She had expected the IV to be there; thus, in her mind, she SAW it there, even though it was not when she rechecked the patient's room. People may also see what they WANT to see if, for instance, they expect certain patients such as alcoholics to act a certain way; they will infer their expectations regardless of the patient's actions. Although people are not shocked that their prior learning, their motivations, their personality, or their emotions influence the way they see things, they may be surprised to learn that each of these influences operates as an inescapable part of the human organism, always present, everchanging. As a result, a medical documentor cannot trust the accuracy of his observations, especially the first easy level of perceiving. Observers, the new practical nursing instructor understood, must be self-aware; they must check observations to counter natural human tendencies. Thus, one aspect of a medical documentor's habit of mind is active self-awareness.

In addition to the problems of perceptual set, each stage of

the perceptual process presents a variety of possible observation distortions, the new nursing instructor learned. For instance, in the first stage, selecting stimuli from the welter available, observers use "selective attention, e.g., the ability to focus on a chosen part of a situation while ignoring other parts"(Howard 64). This means that observers will always ignore some sensory information, clearly a potential problem for the medical documentor.

Further, four characteristics of the stimuli will strongly influence which sensation they will select to observe. A stimulus's size, intensity, contrast, and movement will cause a particular sensation to be selected for attention from among competing stimuli. O'Connor must have known this instinctively, in trying to capture her reader's attention, for she justified her use of grotesque characters by saying, ". . .[T]o the hard of hearing you shout, and for the almost-blind you draw large and startling figures"("The Fiction Writer and His Country" 34). Medical documentors, however, must have a different perspective; the new instructor understood; they must resist the pull of these natural attractors. The large red bump may receive notice while the ignored small bump requires attention; the moving person may catch the observer's eye while the slumped victim may escape notice; the unexpected equipment malfunction may distract the caregiver from checking the obvious: is the equipment plugged in? The demanding patient may receive attention which the less noisily intense patient needs more. The allied health

instructor began to understand that medical documentors' new critical habit of mind must include rechecking a scene to counter these tendencies, remembering not to accept automatically their first reading of a situation.

The many observational distortions that occur in the second stage of the perceptual process would surely have interested O'Connor as much as they did the instructor now staring at the process of perception. Researchers have identified at least six principles which affect the way humans organize sensory information: Gestalt, figure-ground, proximity, similarity, closure, and language. The brain rapidly attempts to make sense of the selected stimuli, grouping them together into a whole. Often, the brain's quick use of organizing strategies causes the brain to jump to conclusions, assuming it has grouped information correctly when it has not. The brain may assume all the information fits into a particular "whole" picture, a Gestalt, while ignoring information contradictory to that whole. The brain may assume that people close together belong together although no actual connection exists. The brain may erroneously assume that two people in similar garments belong to the same club. A close study of the organizing stage of the perceptual process provided the new nursing instructor with serious reason for a medical documentor to make questioning easy assumptions a part of a critical habit of mind.

O'Connor might have recognized in herself some of the

further observational distortions which develop in the third stage of the perceptual process: interpreting selected and organized sensations. The key word in this stage is "constancy": the brain relates incoming sensory information with previously interpreted information in an effort to impose a predictable order on everchanging stimuli in the unending search for meaning. One problem stems from the fact that each person has a different "previous-information file," thus a potentially different interpretation of the same situation. No observer can assume absolute correctness. Other problems derive from the measures the brain takes to simplify sensory information in order to achieve the desired constancy.

In attempting to define the particular "habit of mind" a medical documentor should develop, the new allied health professor found helpful several different methods the brain uses to maintain constancy, for instance, context, personal physical characteristics, and attribution. A look at contexts will illustrate some of the potential problems. The brain uses physical context, as an example, to establish standards for appropriate behavior and thus simplify interpretations, making the observer vulnerable to camouflage, intentional or unintentional. In the hospital, the man in the white coat is the physician, right? The hospital intruder who steals a white coat as camouflage hopes the observer thinks so. Social context, as another example, is a situation in which the behavior of one or more persons affects behavior of others in the same setting.

Social context can sway an observer to accept colleagues' interpretations of events uncritically: "The supervisor really is a drill sergeant, don't you agree?" Or an observer may interpret a person by his social group: "I'll bet Josephine drinks too much just like the rest of that rowdy group." Or the observer may accept his own cultural norm without question and be hypercritical of any deviation, thus overlooking ethnic differences or judging them harshly. For the medical documentor, the brain's strategies to create a stable or predictable environment can cause observers to interpret selected and organized sensory information in a distorted way, increasing their susceptibility to stereotyping, hasty generalizations, first impressions, snap judgments, and the like. Active awareness of the brain's stablizing strategies with their associated observational distortions can help a medical documentor develop a habit of informed questioning that causes the observer to consider more than one interpretation of information. The new allied health instructor added another item to the medical documentor's critical habit: consider possible alternative interpretations.

This discussion touches upon only a few aspects of the perceptual process that the beginning practical nursing instructor learned can cause possible distortion for the medical documentor. She found that research identifies many more. The ones mentioned pose sufficient difficulties to warrant that she follow Flannery O'Connor's lead and consider observation as a

starting point for improving medical documentation; the unaccustomed perceptual research convinced her that practical nursing students can benefit from observational skills disciplined by self-awareness, a carefully analytical second look, a distrust of easy assumptions, and diligent defense against hasty conclusions. Such perceptual and thinking skills may prevent nurses from feeling about charting as O'Connor felt about writing a novel, that it is "a terrible experience, during which the hair often falls out and the teeth decay"(Nature and Aim of Fiction 77). The more allied health professionals learn about the perceptual process, the more critically discerning their habit of observation will become, welcome news to those medical educators, including the Harvard Board of Overseers and the Association of the American Medical Colleges, who, early in the eighties, called for increased emphasis on analytic and critical thinking skills in medical education (Sakalys and Watson 293-299). The practical nursing instructor thanks Flannery O'Connor for the advice to stare, an enlightening perspective at the beginning of the process of medical documentation.

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